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DATE: October 25, 2004

RE: U.S. Serial No 09/731,318

PAGES: 9

(INCLUDING COVER)

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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12/01/2004 STAGAS 00000006 530348 09731318

PAGE 1/9 * RCVD AT 10/25/2004 4:34:11 PM [Eastern Daylight Time] * SVR:USPTO-EFXXF-1/3 * DNIS:8729306 * CSID: * DURATION (mm-ss):02:38

01 FC:1253

960.00 BA

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	OTHER THAN A SMALL ENTITY				ADDIT. FEE
				RATE				
TOTAL	18	- 37	= 0	x \$ 18.00	=	\$		0.00
INDEP.	3	- 7	= 0	x \$ 88.00	=	\$		0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 0.00	=	\$		0.00
				TOTAL ADDIT. FEE		\$		0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$980.00 to Deposit Account No. 500348.

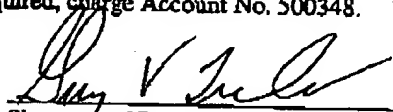
Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 500348.

If an additional fee for claims is required, charge Account No. 500348.



Signature of Practitioner
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Amendment Transmittal—page 2 of 2